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ABSTRACT

Keeping children safe becomes a more complicated concern when many of the offenders are not adults, but other children. Data from the justice system reveals that juveniles account for about 20% of all forcible rapes and about 50% of child sexual abuse. Contrary to the media's depiction, the majority come from two-parent homes, have no prior arrests or notable behavior problems. The median age of the offenders is between 14 and 15; the median age of the victim is 7. For such juvenile offenders, group therapy is the treatment of choice. Along with support from the justice system, parental support is essential to effective treatment of the young offender. Sex offender intervention must confront the parents' feelings of shame, anger, or denial in order to involve them in their child's treatment and their responsibility in maintaining a safe community. The response to problematic juvenile sex behavior must be balanced, protecting children from harmful coercion or assault, and still respecting the vagaries of normal psychosexual development. The potential of the media to serve as a primary prevention effort toward the goal of a sexually safe society is highlighted. (LSR)

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RESPONDING TO PROBLEMATIC SEXUALIZED BEHAVIOR IN JUVENILES

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THE CHILDREN'S VILLAGE

AMERICAN PSYCHOLOGICAL ASSOCIATION
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Responding to Problematic Sexualized Behaviors in Juveniles

Communities across the country are demonstrating increased vigilance in efforts to protect children from sexual harassment, molestation, abuse and assault. Sex offenders were not unknown prior to the past decade. However, their growth in visibility, both in unexpectedly large numbers and in media identification, has aroused the populace to a state of almost frantic alert. Who are these sex offenders? Are they everywhere? Can anyone be trusted with our children? How can they do this? How can they be stopped? WHO ARE THEY?

A brief review of some statistics will help to explain both the bewilderment and the anxiety behind these questions and the vigilance they drive.

Over the past 10-15 years there has been at least an eight fold increase in the arrest and conviction of sexual offenses, including forcible rape and other sexual crimes. About 90% of these sexual crimes are against children, persons under 18. The biggest jump is in sexual offenses other than forcible rape, with intrafamilial offenses more accelerated than any others. Investigators agree that the higher numbers are due to the emphasis, over the past two decades, upon child abuse and the mandate to report any suspected abuses. There is little suggestion that these alarming figures are the result of an increase of incidence, but rather a higher vigilance for suspected abuse and an increase in reporting. Indeed, general consensus suggests that about half of the actual incidents of sexual offense continue to go unreported.

Certainly these facts are enough to raise widespread bewilderment and anxiety. But the response of the media triggers an even more visceral reaction. Often the print and visual media focus on a small element of these new statistics, by choosing a single case incident for display. Unfortunately this element is most often chosen on the basis of stimulating audience interest rather than consistency with the general data. The 40 year old stranger, with multiple convictions, a psychiatric history and who uses force or a weapon in a sexual attack of a child, may make great copy, but it is an exception to the rule of the present data. Unfortunately, such a case, widely publicized, serves to perpetuate old myths about sexual offenders. It thereby contributes to the under reporting of more typical offenses and the strong denial of the more typical offenders. Offenders say "I don't look like what the media says is a sexual offender"; and victims say, " I guess I'm wrong because the one hurting me doesn't look like what I see in the media." Even worse, the general public is led to formulate opinions leading to policies which are flawed. They are based upon a colorful, stimulating, often enraging presentation of an exceptional case. A response to this atypical offender will leave the majority of offenders unattended. However, both the statistics and the faulty media presentations demonstrate the new level of threat to our children.

All systems with responsibility for the safety of children, community agencies, schools, criminal justice, social services, and parents, hold this primary purpose: to provide a community which is sexually safe for all children. However, not all of these systems formulate their objective

in the same way, nor do their actions always make a good fit. Teaching strategies for avoiding strangers seem contradictory to the finding that most sexual offenders are well known or related to the victimized youngster. Good Touch/Bad Touch may provide ways for youngsters to break out of the bondage of secrecy, but it also may impact upon general child-adult relations in ways which have nothing to do with sexuality. Such a discriminatory teaching about the body may prove restrictive upon the natural sexual development of children. Locking up sex offenders who are also household providers may result in dissolution of the whole family including a scattering into various social services. How can the family be kept intact and still safe from further assault? What shame is carried by the child who tells the secret, thereby bearing some direct responsibility for the family dissolution? Releasing sex offenders after they have "paid their debt to society" may fly in the face of what we know about their proclivity to repeat the offense. Is the goal of treatment to cure every offender, or measurably reduce the overall risk of reoffense. These are just a few of the conundrums met by various members of the community systems as they strive to achieve their common goal of a sexually safe community.

Retrospective studies of convicted sex offenders have produced shocking new information. For each sexual act which resulted in conviction, multiple similar acts had gone undetected. Offenses other than forcible rape, against children, shows the highest number of undetected, unreported acts. Some offenders, but far from all, had been victimized themselves during their childhood (estimates range from 25% - 55%). Rather than a stranger, the perpetrator was often a person either related to the child victim or someone known and trusted. Perpetrators seldom had a history of arrests, seldom used weapons in their crime, and were most often quiet men who eschewed violence. They were not the sleazy characters of previous formulations, but often respected persons held in high esteem. This behavior seemed so contradictory to the gestalt of their character, that we who knew the accused were drawn to enter the denial of the offender, stating that it is so out of character that there must be some mistaken identity or reasonable explanation. In contrast, the community who knew the offender only by the reprehensible actions, shouted for some punishment more pervasive and unforgiving than for almost any other crime. Perhaps most surprising, we learned that many of these adult offenders began their molestation and assault of children while they too were in their formative years.

The concern over keeping children safe becomes even more complicated with the news that many of the offenders are not adults, but other children themselves. Such sexually dangerous behaviors are out of context with general community beliefs about children. Adults, even child professionals, tend to deny and minimize the reality and risk of such identification. Even for those who are knowledgeable about the many facets of sexuality in children and youths, it is severely out of sync to learn that some juveniles can turn their developing sexuality inside out and become predators on other children. We can accept bullying, depression, hyperactivity as zigs and zags in the developmental process. But accepting children and youths as the source of sexual harm to their peers, and often children much younger, seems a hard pill to swallow. Still the reflections of adult sex offenders and the work with juvenile sex offenders, loudly rouse us to set aside old misconceptions. We must openly pursue new constructs based upon closer attention to what we are hearing.

Suddenly we began to look differently at behaviors previously discounted as "boys will be boys" and "playing doctor". Were these benign exploratory sexual behaviors or an onset of a pattern of sexual perpetration? How could we distinguish between the developmentally appropriate expression of childhood sexuality and the beginning of inappropriate sexual intrusions? How were we to protect the oft denied right of children to be sexual without ignoring when some children exploit that right over others?

We want to avoid a naive response which stems from any intention to deny or ignore the natural developmental sexuality of children. The ignorance of such ideas that erections are natural for boys from infancy, that autoeroticism is not essentially a benchmark of pubescence, that orgasm is a sexual experience available prior to the budding of adolescence, that sometimes touching for children may be erotic as well as nurturant, and similarly neglected conceptions of psycho-sexual development, have prevented the general child caring public from affirming the positive sexuality of childhood. Natural sexuality is denied, hidden or punished. This blindness leaves no basis upon which to compare or contrast coercive sexual acts of one child upon another. There is no context within which to explore the meaning or sequelae for either youngster. In the absence of this conceptual framework, we are likely to ignore any lasting impact upon either the initiator or the participant.

The response must be balanced, protecting children from harmful coercion or assault, and still respecting the vagaries of normal psycho-sexual development. Clinicians such as Toni Cavanaugh-Johnson and Alison Grey have mapped a continuum of sexual behaviors across developmental phases. They have helped us to distinguish between those healthy sexual expressions which confirm a child's sexuality, and those which are worrisome indicators of an early distortion in sexuality. Most childhood sexual expressions are clearly an important part of normal psycho-sexual growth. Some expressions characterize attitudes which raise questions and bear further watching. And a few are clearly in the "No Question - Red Flag" area, and require specific attention. In addition we began to look more closely at age differences between children sexually involved. There is implicit power present in a 3-4 year difference in age. In situations which we might previously described as "mutual", we now saw the impact of intimidation and coercion. We saw how young children might be confused by force which did not include physical pain, by coercion which might result in pleasure, and by the ambiguity of their own actions.

Acknowledgement that juveniles themselves are often the source of such sexual harm complicates other issues as well. The concern about adult and juvenile offenders ranges from urban communities to small townships. When juveniles are identified as the offenders the alarm is heard loudly in specialized sub-communities which primarily serve children, such as boarding schools, camps, residential treatment centers, inpatient services for children, etc. What previously has been termed as exploratory sex play or the harmless rites of growing up, may now be formulated in a model of sexual offending. There is an urge to protect the innocent and identify the offenders, where previously there was no attention given to discriminating between participants in such activities. Regardless of the type of community, the objective is the same as with their adult cohorts. The first priority is to protect youngsters who are potential victims.

In that respect we are alert to identify the offending youths, to redirect them toward a cessation of such sexual harms and an acquisition of healthier sexual expressions.

For the purpose of this discussion I have chosen the term "Problematic Sexualized Behaviors" to cover the broad range of unacceptable, intrusive, harmful sexual expressions which children and youths, under the age of 18, inflict upon another child. Such behaviors may involve touching, such as forcible or non-forcible rape, fondling, molesting. Non-touch behaviors, such as voyeurism, exhibitionism and the use of pornography, are also included. The incident may or may not rise to the level of "sexual offense" which involves the criminal justice system. Rather than the offense itself, it is often circumstance, decision of the victim's parents, age of child and other factors which determine the role of the justice system.

Even though it is likely that most incidents of problematic sexualized behavior do not result in arrest, adjudication or incarceration, it is the justice system data which provide us the most descriptive information about these youths. Juveniles account for about 20% of all forcible rapes, and about 50% of child sexual abuse. The majority come from two parent homes, have no prior arrests or notable behavior problems and have at least average records in school and the community. A half to three quarters have themselves been victims of sexual abuse, but, conversely, at least half or more, have not had such an experience. The offense usually takes place either in the home of the offender or the victim. Most have had a multiple of such experiences prior to the one in which they are identified. The median age of the offenders is between 14 and 15; the median age of the victim is 7.

For such youngsters, group therapy, as described by Dr. Schleuderer and Dr. Roth is the treatment of choice. As with adult Sex Offenders, these youngsters are totally committed to denial and are resistant to any type of intervention. Both of the previous papers testify to this. They also point out the importance of some juvenile justice involvement in reinforcing participation in the program. Court action is critical to emphasize accountability for the actions, to break though the denial and to insure program participation. Often adjudication is thwarted by a lack of credibility given to the abused child, or the parents of the victim may drop the matter in hopes that will end their child's pain, or parents of the offender may do anything to close the matter hoping to avoid the family shame of an abjudicated offense, or the allegations may be so contradictory to the whole of the youngster's character as to preclude any further action, or the offender may simply be too young for any juvenile justice action.

Recently, I received a referral concerning a 14 year old Brooklyn youth visiting his sister in upstate New York. While baby sitting a 4 year old niece, he sodomized her with such force as to cause tearing of anal tissue and bleeding. In spite of his story that she fell off her bicycle seat, he was arrested and the matter came to a court hearing. His court papers contained several glowing letters of character reference from school personnel and communities leaders. They unanimously gave testimony to his splendid character and admirable qualities in all areas of life.

For them it was unconscionable to think that he could have done such a reprehensible deed. Fortunately, perhaps because both the offender and his character references were far from home, the judge was not persuaded. However, even with an adjudication of 1st degree Sodomy and 2 counts of Sexual Assault, he was remanded back to Kings County and, as for as I know, is not receiving treatment.

In another case, a woman who took into her home and planned to adopt her deceased sister's 13 year old son, heard her 6 year old daughter cry out and accuse him of forcibly taking off her panties and pressing her down on the bed while he lay top of her. The Mother called the police, took her daughter to the emergency room, whereupon the youngster was arrested. Later, to save her daughter from further pain, she withdrew the charges. She has refused to take any action other than cutting the young man out of her life. So, even though he is a resident at Children's Village, and there is not doubt that he sexually harmed this young girl, he steadfastly resists treatment on the grounds that nothing happened, which legally is true.

Even when the problematic sexual behavior is brought to court and becomes an abjudicated sexual offense, judges face the dilemma of a paucity of resources. Often the judge makes a choice, other than incarceration, out of deference to the youngster's age, the perceived low harm of the behavior, or the lack of clear treatment resources. Juveniles are being placed on probation, at home, receiving no specific sex offender treatment and only marginal monitoring. Others are being placed in residential settings, often with no specific sex offender treatment available. The hope is for some positive effect from general treatment and from being "sent away." In either case, the youthful sex offender can easily serve the time without having the problematic sexual behavior addressed, let alone treated. The lesson learned is that more care must be taken next time, so as to avoid the annoyance of the juvenile justice system.

Both presenters have described the most accepted content of the group therapy intervention: disclosure, empathy, relapase prevention. Many programs now include an educational component, also in group format. The educational group is more didactic than group process. Topics include the psychology of the sex offender, the sex offense cycle, faulty thinking and poor decisions, deviant fantasy, general sex education, and critical thinking skills.
As Dr. Schleuderer aptly states, no sooner do we respond with more treatment sites, they we are quickly filled with otherwise unserved youngsters. I know that in our program at the Children's Village, we had barely taken the wraps off our initial program, and were too unsure to tell anyone what we were attempting, when we began to receive inquiries from counties and probation departments. It is consistent with the irrationality of the times that as the number of juvenile sex offenders is predicted to rise about 10% a year, so the number of treatment programs is decreasing at about the same rate.

Probably most youngsters, falling under some category of problematic sexualized behavior, are best served by the type of out patient program described by Dr. Schleuderer. As he states, there are others, 15-20% in Westchester County New York, who require some type of residential setting as a base for this treatment. I agree that it is not wise to mix the two groups. Dr. Roth describes an example the least restrictive of such settings. More restrictive residential

settings range from a closed program in a larger setting, to a locked facility serving only juvenile offenders. Some such facilities are private, such as The Pines in Virginia; others are part of the Juvenile Justice System, such as the Highlands Division for Youth program in New York.

There is growing evidence that these treatment interventions are effective with juvenile offenders. In his longitudinal study at The Pines, Dr. John Hunter finds that 87% of the juveniles, who complete the program, remain free of any further delinquent behavior, of any sort, for 5 years or more. Of those who leave the program before completion, 40% are involved in some new offense. It is noteworthy that for the first two years the groups show about the same degree of reoffense; but in years 3, 4, and 5 the "completers" relapse rate drops to 7% while the "non-completers" rate rises to 60%. The offenders with a high number of victims are the most difficult to treat. Of this group, those who complete have a 20% recidivism rate compared to 50% for those who do not complete the program.

The role of parents was discussed by both Drs. Schleuderer & Roth. The parents response to problematic sexualized behavior is both critical and unique. Along with support from the justice system, parental support is essential to effective treatment of the young offender. The parents may experience shame and embarrassment over the allegations against their child. They may be angry and join in the denial. They may fear that the notoriety will bring disclosure to other family secrets. Sex offender treatment must confront these attitudes and bring the parents into the treatment process for two reasons. Certainly the parents participation is essential if they are to understand the child's behavior and affirm the need for the child's treatment. Equally as important is the parent's role as the community monitor of their child's behavior. Since the end goal is to have a sexually safe community, the parents must be equipped to be vigilant as the community gate keepers toward that goal. By the conclusion of treatment, parents must be prepared to widen their parental responsibilities to include that of a representative of the community assigned to monitor their child's compliance with the treatment goals. They must guard against their child presenting any further threat to the sexual safety of any child. Obviously, such a change of role and thinking will require intensive intervention similar to that proscribed for their child. The whole family must learn how to take a new place in the community. Each member must practice new behaviors to fulfill their new level of responsibility for a community which promises sexual safety to all its children.

For a moment, let's return to the role of the media in responding to sex offense and problematic sexual behavior. Tabloids are preoccupied with the most outrageous, titillating, bloody and shocking sexual incidents. They exploit and distort the truth about sexual offenses and sex offenders by bringing focus to a very small percentage this group. But, perhaps more importantly, they distract attention from the overwhelming majority of offenders, thereby implicitly empowering them to continue on, literally untouched.

Of equal concern is what the rest of the media does not present. The AMA last year proclaimed that sex offense and sex abuse are a public health problem of epidemic proportion, This formulation opens the door for the media to provide public interest attention, such as that

received by other maladies of epidemic proportion. We are all familiar with the media campaigns against drunken drivers, AIDS, child abuse, family violence, etc. But there is no similar media presentation related to sex offense or sexual abuse. Such media presentations would serve as primary prevention efforts toward the goal of a sexually safe community.

There have been some noteworthy exceptions, a TV movie about incest and a few about rape. A recent example, which I encourage you to read, is found in the June 1996 issue of *Sports Illustrated*. A major article describes the multiple ramifications set in motion when a promising high school athlete, with a stellar school and community record, forces a younger student into fifteen minutes of sex. The writer interviews everyone who was touched by this brief and seemingly isolated incident. You will be surprised at some of the interviewees. It is a searching piece of journalism. It is not an easy story to read. There is no happy ending. In this subject area, it is the most honest and accurate piece I have read. If the media would continue to produce presentations at this level, they would do as much for primary prevention as the treatment programs are doing for relapse prevention. Together, we could be moving closer to communities where every child is safe to live, play and learn, without fear of sexual intrusion.